

EXHIBIT L



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Certificate of Organization

(General Laws, Chapter)

Federal Employer Identification Number: 001110317 (must be 9 digits)

1. The exact name of the limited liability company is: JFK COMMUNICATIONS, LLC

2a. Location of its principal office:

No. and Street: 200 OAK STREET
City or Town: RAYNHAM State: MA Zip: 02767 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 200 OAK STREET
City or Town: RAYNHAM State: MA Zip: 02767 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

THE GENERAL CHARACTER OF THE BUSINESS IS TO ENGAGE IN THE BUYING AND SELLING OF ELECTRONIC COMPONENTS FOR THE TELECOMMUNICATIONS INDUSTRY AND TO ENGAGE IN ANY AND ALL ACTIVITIES AND TRANSACTIONS AS MAY BE NECESSARY OR ADVISABLE IN CONNECTION WITH SUCH BUSINESS, TO THE FULL EXTENT PERMITTED BY LAW. THE LLC MAY ENGAGE IN ANY LAWFUL BUSINESS, TRADE, PURPOSE OR ACTIVITY PERMITTED BY THE ACT.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: JOANNE LUNN
No. and Street: 200 OAK STREET
City or Town: RAYNHAM State: MA Zip: 02767 Country: USA

I, JOANNE LUNN resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	JOANNE LUNN	200 OAK STREET RAYNHAM, MA 02767 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	JOANNE LUNN	200 OAK STREET RAYNHAM, MA 02767 USA

9. Additional matters:

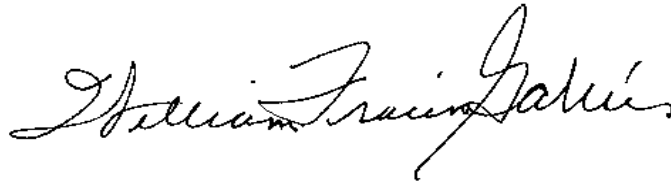
SIGNED UNDER THE PENALTIES OF PERJURY, this 24 Day of June, 2013,
JOANNE LUNN
(The certificate must be signed by the person forming the LLC.)

MA SOC Filing Number: 201340032520 Date: 6/24/2013 3:25:00 PM

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears
that the provisions of the General Laws relative to corporations have been complied with,
and I hereby approve said articles; and the filing fee having been paid, said articles are
deemed to have been filed with me on:

June 24, 2013 03:25 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive, flowing style with a large initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth